



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Texas Pain Solutions

Respondent Name

Valley Forge Insurance Company

MFDR Tracking Number

M4-15-0859-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

November 7, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This is to state that Rezik A. Saqer, M.D., is an Anesthesiologist specializing in Pain Management. When a patient comes in for the first time for evaluation, a random drug test is performed in our office to determine if the patient is on narcotic medications or if there is any illegal drugs in the patient's system. The patient signs a narcotic contract with our facility and only uses the Pharmacy listed on that contract. The patient understands when signing this contract that if they violate any of the terms of their contract his will result in the termination of the patient/physician relationship.

In order to be sure that the patient is in compliance with the treatment plan as set up for him/her and in compliance with the Official Disability Guidelines, it is our protocol of care to perform random drug screens at an intermediate risk level. Which the ODG states a 3-4 time a year frequency is recommended for the patients at intermediate risk.

We have attempted to work with CNA in resolving this issue. We have been denied payment for the qualitative testing performed in our lab. We do the qualitative portion of the screening because we write out narcotic refills for our patients the same day and the immediate result from this test determines the patient's compliance or non compliance. As you can see from the attached EOB, we were denied payment because it was deemed not payable per payor. A call was placed to ... CNA. We asked her why claims were not payable per payor, she stated that they are payable and do not require authorization. Yet, after numerous attempts are claims are coming back denied."

Amount in Dispute: \$70.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "82055

Requestor is seeking reimbursement for denied services provided to [injured employee] for CPT Code 82055. The provider is disputing the payment allowance of zero. Carrier's denials for this CPT Code are as follows:

Reason

- 4 – (B12) Services not documented in patients' medical records.
- 1 – (W1) Workers Compensation State Fee Schedule Adjustment.

Note

- 1 – The amount paid reflects a fee schedule reduction. (P300)
- 3 – Diagnosis Code indicates severe injury. (MT12)
- 7 – The charge for this procedure exceeds the fee schedule allowance. (Z710)
- 8 – CV: Documentation on the CMS1500 or UB40 is not supported by the information in the medical record. (V298)

After a review of Coventry's Clinical Validation Team and based on the treatment notes submitted, it was noted that Assay of ethanol is not documented. It is listed in the section of the procedure codes; however the documentation does not state that this was performed and no results have been submitted. After review of the MDR attachments as well as the documents attached in each iteration of the bill, none were found.. Results of the drug screen were never attached despite the attachment stating that they are included.

G0434

Requestor is seeking reimbursement for denied services provided to [injured employee] for CPT Code G0434. The provider is disputing the payment allowance of zero. Carrier's denials for this CPT Code are as follows:

- 9 – Drug Screen charges are not payable per payor. (X053)
- 5 – (214) Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.

Request for Relief

Carrier respectfully requests an order of no additional reimbursement due for all dates of service as this Medical Dispute was not properly submitted to the Texas Department of Insurance, Division of Workers' Compensation, Medical Fee Dispute Resolution in compliance with the Texas Labor Code and the Administrative Rules."

Response Submitted by: Brian J. Judis

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 28, 2014	Drug Screen (G0434 & 82055)	\$70.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.210 sets out the documentation requirements for bill submission.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - For CPT Code G0434:
 - 214 – Workers' Compensation claim adjudicated as non compensable. This Payer not liable for claim or service/treatment.
 - X053 – Drug Screen charges are not payable per payor.
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - For CPT Code 82055:
 - W1 – Workers' Compensation State Fee Schedule Adjustment.
 - B12 – Services not documented in patients' medical records.
 - P300 – The amount paid reflects a fee schedule reduction.
 - Z710 – The charge for this procedure exceeds the fee schedule allowance.
 - V298 – CV: Documentation on the CMS1500 or UB04 is not supported by the information in the medical record.
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 150 – Payer deems the information submitted does not support this level of service.

Issues

1. Is there an unresolved compensability issue for CPT Code G0434?
2. Did the carrier support the denial of CPT Code 82055 for lack of documentation?
3. Is the requestor entitled to reimbursement?

Findings

1. The medical fee dispute referenced above contains information/documentation that indicates that there are unresolved issues of compensability, extent, and/or liability for the same service(s), specifically CPT Code G0434, for which there is a medical fee dispute.

28 Texas Administrative Code §133.305(b) requires that "If a dispute regarding compensability, extent of injury, liability... exists for the same service for which there is a medical fee dispute, the disputes regarding compensability, extent of injury, liability... shall be resolved prior to the submission of a medical fee dispute for the same services in accordance with Labor Code §413.031 and 408.021."

The Division hereby notifies the Requestor that the appropriate process to resolve the issue(s) of compensability, extent of injury, and/or liability, including disputes or disagreements among the parties over whether the medical services in dispute were related to the compensable injury, may be found in Chapter 410 of the Texas Labor Code, and 28 Texas Administrative Code §141.1.

2. The workers' compensation carrier (carrier) denied services, in part, due to lack of supporting documentation. Documentation requirements are established by 28 Texas Administrative Code §133.210 which describes the documentation required to be submitted with a medical bill. 28 Texas Administrative Code §133.210 does not require documentation to be submitted with the medical bill for the services in dispute.

Further, the process for a carrier's request of documentation not otherwise required by 28 Texas Administrative Code §133.210 is described in section (d) of that section as follows:

"Any request by the insurance carrier for additional documentation to process a medical bill shall:

- (1) be in writing;
- (2) be specific to the bill or the bill's related episode of care;
- (3) describe with specificity the clinical and other information to be included in the response;
- (4) be relevant and necessary for the resolution of the bill;
- (5) be for information that is contained in or in the process of being incorporated into the injured employee's medical or billing record maintained by the health care provider;
- (6) indicate the specific reason for which the insurance carrier is requesting the information; and
- (7) include a copy of the medical bill for which the insurance carrier is requesting the additional documentation."

No documentation was found to support that the carrier made an appropriate request for additional documentation with the specificity required by §133.210(d). The Division concludes that carrier failed to meet the requirements of 28 Texas Administrative Code 133.210(d). The carrier's denial for this reason is not supported.

3. 28 Texas Administrative Code §133.307(c)(2) states in relevant part, "The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division...The request shall include: (M) a copy of **all applicable medical records related to the dates of service in dispute**" [emphasis added]. Review of the submitted documentation does not find that the requestor provided the applicable medical records for the disputed services. Therefore, the requestor has not supported entitlement to reimbursement.

The Division would like to emphasize that the outcome of this medical fee dispute relied upon the evidence presented by the requestor and the respondent. Even though all the evidence was not discussed, it was considered.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$0.00. The findings in this decision were based on the information available at the time of this review.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$0.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

February , 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.